May 16 03 10:46a

Christy V.

662-837-3679

P.2

KENDALL HEALTHCARE PRODUCTS COMPANY 15 HAMPSHIRE STREET MANSFIELD, MA 02048

REBATE CLAIM

for the month of :

Medical YOUR Medical Products, Inc. END CUSTOMER NUMBER: NAME & 511 East Walnut NAME: ADDRESS Ripley, MS 38663 COMPLETE ADDRESS: (REQUIRED FOR PROCESSING) 1470 Your Inv. # to Inv. Date to Requested Rebate Quantity UOM End Customer End Customer Item # Contract # Unit Rebate Total Case C1091083 7.89 D8095880 4-17-03 08085879 4-17-03 10 10 Total Requested Rebate:

May 16 03 10:46a Christy V.

662-837-3679

P.3

KENDALL HEALTHCARE PRODUCTS COMPANY 15 HAMPSHIRE STREET MANSFIELD, MA 02048

REBATE CLAIM for the month of : YOUR Medical Products, Inc. END CUSTOMER NUMBER: NAME & 511 East Walnut **ADDRESS** Ripley, MS 38663 COMPLETE ADDRESS: (REQUIRED FOR PROCESSING) pyr inv. */to Inv. Date to and Customer End Customer Requested Rebate Item # Contract # Unit Rebate Total 5 NILLO U-17-03/AC1091083 Case 08095879 39500 0 . * 1:688 · 00+ 303 - 12+ 333.75+ 843 . 00+ 3,161.25+ 1,264.50+ 3,372.00+ 1,053.75+ 2,107.50+ 3,161.25+ 84 - 30 + 171.00+ 395 - 55+ 330 • 75+ 166 - 00+ 422 - 00+ 332 - 75+ 552.50+ 297 - 50+ 407 . 75+ 1.590-00+ 26598.82 Total I 27498.82 1,065-60+ 4,395-00+

27.498.82*

ay 16 03	10:46	a	Christy	٧.	60	62-837-36	79	p. '
palle 4337	3.332	Keni	REBATE	CARE PRODUC IRE STREET 0, MA 02048	A O O	2003	Botch 1225 Botch 1225 Contracts Cont	2005/
YOUR NAME & ADDRESS	Medical F 511 East Ripley, M	Products Walnut IS 3866		COM	TOMER NUMBER: NAME: PLETE ADDRESS: TO FOR PROCESSING		di'Cal	-
10年出	360	-	Your Inv. # to	Inv. Date to			Requested Rebate	٦
Item #	DESCRIPTION OF THE PERSON NAMED IN	-	End Customer	End Customer	Contract #	Unit Rebate	Total	
516135	10	case	D8112247	4-23-03	AC109683	lelei75	667.50	1
						,		4
		-				/		-
	-	_						1
		_						1
								1
								1
								1
								1
	-							1
		_						4
	-		_					-
		_						4
	-	-						+
	-	_						+
	-					-	-	+
-								-
Total Req	uested	Reba	te:	2	2	106104	RPB 4086 offret when ded in test	- C
			B	88 168 .35 168 .35	3900	04/41	ded is took	en)

May 16 03 10:47a Christy V.

662-837-3679

p. 5

KENDALL HEALTHCARE PRODUCTS COMPANY 15 HAMPSHIRE STREET MANSFIELD, MA 02048

for the month of : YOUR Medical Products, Inc. END CUSTOMER NUMBER: NAME & 511 East Walnut NAME: **ADDRESS** Ripley, MS 38663 COMPLETE ADDRESS: (REQUIRED FOR PROCESSING) Your Inv. # to Inv. Date to Requested Rebate End Customer End Customer Quantity UOM Contract # Unit Rebate Total Case 08125431 4-25-03 AC 109683 20 C010180 08163767 4-21-03 152de90 **Total Requested Rebate:**